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A Simpler Method of Nasogastric Tube Insertion

To the Editor:—Recently, two letters concerned with inserting nasogastric (N-G) tubes appeared in ANESTHESIOLOGY. In 1979, Ohn and Wu described a method using a modified esophageal stethoscope to hold the tip of a N-G tube to push through the resistive area of the upper esophagus.¹ In 1980, Sprague and Carter proposed a method using a split endotracheal tube which encases a N-G tube as a guide for proper placement.² We use a method which is simpler than both of these methods, because there is no need to prepare a special device.

A N-G tube is inserted through the nose into the pharynx. The tip of the N-G tube is then drawn out of the mouth and threaded through the side hole of an endotracheal tube (either size #7 or #7.5). Both tubes should be well-lubricated and are held side by side between the fingers of the right hand (fig. 1). The operator then places the gloved index finger of the left hand into the patient's mouth for guidance in inserting the tubes with the right hand. Once the tubes pass through the resistive area, the index finger holds the N-G tube by pushing it against the wall of the pharynx, while the right hand continues to push the endotracheal tube further down 1 or 2 cm. The operator will easily feel the tip of the N-G tube dislocating from the hole of the endotracheal tube which is then removed; thereafter the N-G tube may be pushed further into the stomach.

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REFERENCES

1. Ohn KC, Wu WH: A new method for nasogastric tube insertion. ANESTHESIOLOGY 51:568-569, 1979
2. Sprague DH, Carter SH: An alternate method for nasogastric tube insertion. ANESTHESIOLOGY 53:436-437, 1980

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FIG. 1. Position of both tubes held in the right hand.

The Ts of Endotracheal Intubation

To the Editor:—With a combined total of over 50 years of instructing anesthesia and otolaryngology residents in laryngoscopy and endotracheal intubation, we have found the check-list of words beginning with "T" to be useful in evaluating difficult intubation.

1. Teeth: Is any dentition loose, missing, or false?
2. Tongue: Is there macroglossia as with amyloidosis or a hematoma or abscess of the tongue?
3. Temporomandibular Joint: Does ankylosis or trismus prevent the mouth from opening fully?